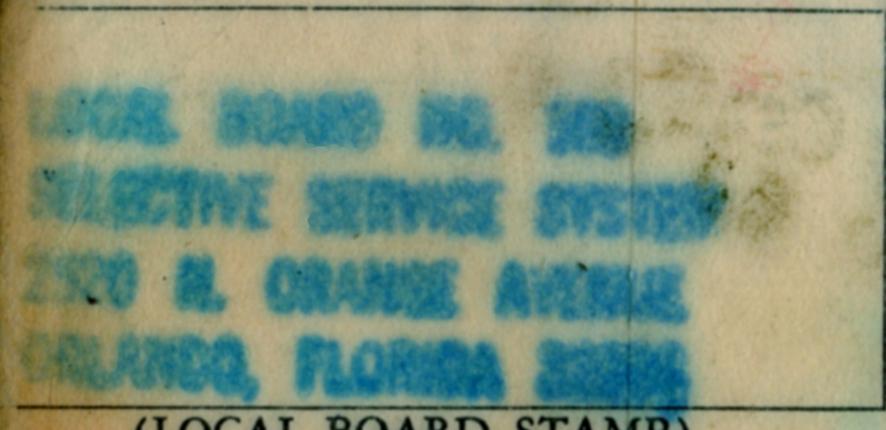
## SELECTIVE SERVICE SYSTEM REGISTRATION CERTIFICATE

SSS Form 2 (Rev. 4-20-67)

THIS IS TO CERTIFY THAT IN ACCORDANCE WITH THE SELECTIVE SERVICE LAW (FIRST NAME) (MIDDLE NAME) (LAST NAME) Walker Webb Watson SELECTIVE SERVICE NO. (PLACE OF BIRTH) HEIGHT Other obvious physical characteristics birthmark on left forearm March WAS DULY REGISTERED ON THE ...... DAY OF ..... (SIGNATURE OF LOCAL BOARD CLERK)

Soll Color



## (LOCAL BOARD STAMP)

our personal possession at all times and to render it upon entering active duty in the med Forces.

the law requires you to notify your local rd in writing within 10 days after it oc(1) of every change in your address, sical condition and occupational (including dent) marital, family, dependency and tary status, and (2) of any other fact ch might change your classification.

ny person who alters, forges, knowingly roys, knowingly mutilates or in any manchanges this certificate or who, for the purchanges this certificate or who, for the purchanges identification or representation, in his possession a certificate of another who delivers his certificate to another to be donot for such purpose, may be fined not to eed \$10,000 or imprisoned for not more to years, or both.

Your Selective Service Number, shown on reverse side, should appear on all comunications with your local board. Sign this

rm immediately upon receipt.

FOR INFORMATION AND ADVICE, GO TO ANY LOCAL BOARD